ATTACHMENT A INVOICE FOR DAY REPORTING CENTER CLASSES

Probation Department 175 West Fifth Street San Bernardino, CA 92415 ATTN:LAURA GONZALES AB 1913 Coordinator

LUTHERAN SOCIAL SERVICES
P.O. Box 1927
Suita 200

MONTH/YR_____

Suite 200
Big Bear Lake, CA 92315
of Classes_____ X \$150 =

DATE	CLASS	REGION	HOURS	# ATTENDED
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NAME	TITLE		PHONE	
SIGNATURE			DATE	

ATTACH SIGN-IN SHEETS FOR EACH CLASS